

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VH		08/20/01
O.I.P.E. CLASSIFIER		12	09/15/01
FORMALITY REVIEW	T.D.	7 CMU	03/19/02
RESPONSE FORMALITY REVIEW	JK	835	

INDEX OF CLAIMS

✓ ..... Rejected  
 □ ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	08/20/01
2	08/20/01
3	08/20/01
4	08/20/01
5	08/20/01
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9	08/20/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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S30  
 08/20/01  
 08/20/01